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| Fill in this information to identify your case: |                               |                               |
|---|-------------------------------|-------------------------------|
| United States Bankruptcy Court for the:         |                               |                               |
| WESTERN DISTRICT OF MICHIGAN                    |                               |                               |
| Case number (if known)                          | Chapter you are filing under: |                               |
|   | ■ Chapter 7                   |                               |
|   | ☐ Chapter 11                  |                               |
|   | ☐ Chapter 12                  |                               |
|   | ☐ Chapter 13                  | ☐ Check if this amended filir |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Rachel First name  C Middle name  Shasteen Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
|     | Ç  |   |   |
| 2.  | All other names you have used in the last 8 years  |   |   |
|     | Include your married or maiden names.  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-8464   |   |

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Debtor 1 Rachel C Shasteen

Case number (if known)

|   |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|---|--|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |  | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |
| 5.  | Where you live                                 | 4208 Alpenhorn Dr. NW Apt 4   | If Debtor 2 lives at a different address:  |  |  |
|   |  | Comstock Park, MI 49321-8639  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|   |  | Kent  |  |  |  |
|   |  | County  | County   |  |  |
|   |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |  |  |
|   |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.  | Why you are choosing this district to file for | Check one:  | Check one:   |  |  |
|   | bankruptcy                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |  |  |
|   |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|   |  |   |  |  |  |

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| Deb | otor 1 Rachel C Shasteer   | n                 |   |   | Case number (if known)   |                        |  |
|-----|--|-------------------|---|---|--|------------------------|--|
|     |  |                   |   |   |  |                        |  |
| Par | t 2: Tell the Court About  | our Bankruptcy Ca | ase   |   |  |                        |  |
| 7.  | The chapter of the Bankruptcy Code you are   |                   |   | each, see <i>Notice Required by</i> ge 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing<br>te box.   | for Bankruptcy         |  |
|     | choosing to file under   | Chapter 7         |   |   |  |                        |  |
|     |  | ☐ Chapter 11      |   |   |  |                        |  |
|     |  | ☐ Chapter 12      |   |   |  |                        |  |
|     |  | ☐ Chapter 13      |   |   |  |                        |  |
| •   | Hammer will pay the fee  | - Lucill nouth    |   | file many medicions. Discussion                                   | to the decrease of the second  |                        |  |
| 8.  | How you will pay the fee   | about how yo      | ou may pay. Typica<br>r attorney is submitt   | lly, if you are paying the fee yo                                 | ck with the clerk's office in your local coupurself, you may pay with cash, cashier's alf, your attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may pay with a credit of the coupur attorney may be compared to the coupur attorney at the coupur attorney at the coupur attorney may pay with a credit of the coupur attorney at the coupur attorney attorney at the coupur attorney attorney at the coupur attorney attorney at the coupur attorney at the coupur attorney at the coupur attorney | s check, or money      |  |
|     |  | ☐ I need to pay   | eed to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to |   |  |                        |  |
|     |  | · ·               | ee in Installments (C   | ,   | n only if you are filing for Chapter 7. By   | law a judgo may        |  |
|     |  | but is not req    | quired to, waive you  | r fee, and may do so only if yo                                   | n only if you are filing for Chapter 7. By our income is less than 150% of the office  | cial poverty line that |  |
|     |  |                   |   |   | n installments). If you choose this option<br>cial Form 103B) and file it with your petit  |                        |  |
|     |  |                   |   |   |  |                        |  |
| 9.  | Have you filed for bankruptcy within the   | ■ No.             |   |   |  |                        |  |
|     | last 8 years?  | ☐ Yes.            |   |   |  |                        |  |
|     |  | District          |   | When  | Case number  |                        |  |
|     |  | District          |   | When  | Case number  |                        |  |
|     |  | District          |   | When  | Case number  |                        |  |
| 10. | Are any bankruptcy   | ■ No              |   |   |  |                        |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.            |   |   |  |                        |  |
|     |  | Debtor            |   |   | Relationship to you  |                        |  |
|     |  | District          |   | When  | Case number, if known  |                        |  |
|     |  | Debtor            |   |   | Relationship to you  |                        |  |
|     |  | District          |   | When  | Case number, if known  |                        |  |
| 11. | Do you rent your   | ■ No. Go to       | line 12.  |   |  |                        |  |
|     | residence?   | ☐ Yes. Has yo     | our landlord obtaine  | ed an eviction judgment agains                                    | st you and do you want to stay in your re  | esidence?              |  |
|     |  |                   | No. Go to line 12.  | -   |  |                        |  |
|     |  | _                 | Yes. Fill out <i>Initial</i> bankruptcy petitio   |   | Judgment Against You (Form 101A) and   | d file it with this    |  |
|     |  |                   |   |   |  |                        |  |

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| Deb | otor 1 Rachel C Shastee  | n                  |   | Case number (if known)   |
|-----|--|--------------------|---|--|
|     |  |                    |   |  |
| Par | t 3: Report About Any Bu   | ısinesses          | You Own as a Sole   | e Proprietor   |
|     | Are you a sole proprietor of any full- or part-time  | ■ No.              | Go to Part 4.   |  |
|     | business?  | _                  | Name and Income   | San of Developmen  |
|     |  | ☐ Yes.             | Name and locati   | ion of business  |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |                    | Name of busines   | ss, if any   |
|     | If you have more than one sole proprietorship, use a   |                    | Number, Street,   | City, State & ZIP Code   |
|     | separate sheet and attach it to this petition.   |                    | Check the appro   | opriate box to describe your business:   |
|     | ·  |                    |   | Care Business (as defined in 11 U.S.C. § 101(27A))   |
|     |  |                    | ☐ Single A  | sset Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |  |                    | ☐ Stockbro  | oker (as defined in 11 U.S.C. § 101(53A))  |
|     |  |                    | ☐ Commod  | dity Broker (as defined in 11 U.S.C. § 101(6))   |
|     |  |                    | ☐ None of   | the above  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?  | deadline operation | s. If you indicate thans, cash-flow statem S.C. 1116(1)(B). | er 11, the court must know whether you are a small business debtor so that it can set appropriate it you are a small business debtor, you must attach your most recent balance sheet, statement of tent, and federal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small  | ■ No.              | I am not filing ur  | nder Chapter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).   | □ No.              | I am filing under<br>Code.                                  | r Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |  | ☐ Yes.             | I am filing under   | r Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Par | t 4: Report if You Own or  | Have Any           | y Hazardous Prope   | rty or Any Property That Needs Immediate Attention   |
| 14. | Do you own or have any   | ■ No.              | <u> </u>  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.             | What is the hazard  | d?<br>   |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?   |                    | If immediate attent needed, why is it n                     |  |
|     | For example, do you own perishable goods, or   |                    | ·   |  |
|     | livestock that must be fed,<br>or a building that needs<br>urgent repairs?   |                    | Where is the prope  | erty?  |
|     | argent repairs:  |                    |   | Number, Street, City, State & Zip Code   |
|     |  |                    |   |  |
|     |  |                    |   |  |

Debtor 1 Rachel C Shasteen

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Rachel C Shastee  | n                   |                              | Case nui  | mber (if known)   |
|-----|---|---------------------|------------------------------|---|---|
| Par | t 6: Answer These Quest   | ions for R          | eporting Purposes            |   |   |
| 16. | What kind of debts do you have?   | 16a.                |                              | y consumer debts? Consumer debts are personal, family, or household purpose."               | defined in 11 U.S.C. § 101(8) as "incurred by an  |
|     |   |                     | ☐ No. Go to line 16b.        |   |   |
|     |   |                     | Yes. Go to line 17.          |   |   |
|     |   | 16b.                |                              | y business debts? Business debts are de investment or through the operation of the          |   |
|     |   |                     | ☐ No. Go to line 16c.        |   |   |
|     |   |                     | ☐ Yes. Go to line 17.        |   |   |
|     |   | 16c.                | State the type of debts yo   | ou owe that are not consumer debts or bus   | iness debts   |
| 17. | Are you filing under<br>Chapter 7?  | □ No.               | I am not filing under Cha    | pter 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and            | ■ Yes.              |                              | 7. Do you estimate that after any exempt pe available to distribute to unsecured credit     | property is excluded and administrative expenses cors?  |
|     | administrative expenses   |                     | ■ No                         |   |   |
|     | are paid that funds will<br>be available for<br>distribution to unsecured |                     | Yes                          |   |   |
|     | creditors?  |                     |                              |   |   |
| 18. | How many Creditors do   | <b>■</b> 1-49       |                              | <b>1</b> ,000-5,000   | □ 25,001-50,000   |
|     | you estimate that you owe?  | ☐ 50-99             |                              | ☐ 5001-10,000   | □ 50,001-100,000  |
|     |   | □ 100-1             | 99                           | □ 10,001-25,000   | ☐ More than100,000  |
|     |   | □ 200-9             | 99                           |   |   |
| 19. | How much do you   | <b>\$</b> 0 - \$    | 50.000                       | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |
|     | estimate your assets to be worth?   |                     | 01 - \$100,000               | ☐ \$10,000,001 - \$50 million   | ☐ \$1,000,000,001 - \$10 billion  |
|     | 20 1101111  |                     | 001 - \$500,000              | □ \$50,000,001 - \$100 million  | □ \$10,000,000,001 - \$50 billion   |
|     |   | <b>□</b> \$500,     | 001 - \$1 million            | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| 20. | How much do you   | <b>\$0 - \$</b>     | 50,000                       | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?  | <b>□</b> \$50,0     | 001 - \$100,000              | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |
|     |   |                     | 001 - \$500,000              | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                              | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                     |
|     |   | <b>□</b> \$500,     | 001 - \$1 million            | □ \$100,000,001 - \$500 Hillion   | More than \$50 billion  |
| Par | 7: Sign Below   |                     |                              |   |   |
| For | you   | I have ex           | camined this petition, and I | declare under penalty of perjury that the in  | nformation provided is true and correct.  |
|     |   |                     |                              | er 7, I am aware that I may proceed, if eliging he relief available under each chapter, and | ible, under Chapter 7, 11,12, or 13 of title 11,<br>I choose to proceed under Chapter 7.      |
|     |   |                     |                              | did not pay or agree to pay someone who is d the notice required by 11 U.S.C. § 342(b)      |   |
|     |   | I request           | relief in accordance with t  | he chapter of title 11, United States Code,   | specified in this petition.   |
|     |   | bankrupt<br>and 357 | cy case can result in fines  |   | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |   |                     | nel C Shasteen<br>C Shasteen | Signature of De   | ebtor 2   |
|     |   |                     | e of Debtor 1                | 2.5   |   |
|     |   | Executed            | d on July 25, 2017           | Executed on   |   |
|     |   |                     | MM / DD / YYYY               |   | MM / DD / YYYY  |

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| Debtor 1 | Rachel C Shasteen | Case number (if known) |  |
|----------|-------------------|------------------------|--|
|----------|-------------------|------------------------|--|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ THOMAS ETHAN BECKER Signature of Attorney for Debtor | Date          | July 25, 2017<br>MM / DD / YYYY |
|--|---------------|---------------------------------|
| THOMAS ETHAN BECKER                                      |               |                                 |
| Printed name   |               |                                 |
| Thomas Ethan Becker Attorney at Law                      |               |                                 |
| Firm name  |               |                                 |
| Southwest Michigan Bankruptcy Center                     |               |                                 |
| Kalamazoo, MI 49007                                      |               |                                 |
| Number, Street, City, State & ZIP Code                   |               |                                 |
| Contact phone (269) 343-3855                             | Email address | tombecker40@yahoo.com           |
| P53936   |               |                                 |
| Bar number & State                                       |               | <del></del>                     |

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| Sill | in this information to identify your case:   |  |   |              |                    |
|------|--|--|---|--------------|--------------------|
|      |  |  |   |              |                    |
| pet  | 11001101 0 0110011011  | iddle Name   | Last Name   |              |                    |
|      | otor 2  use if, filing)  First Name  N   | iddle Name   | Last Name   |              |                    |
|      | . 3,   | ERN DISTRICT OF MIC                                |   |              |                    |
|      |  | LINV DIGTINIOT OF IMPO                             |   |              |                    |
|      | se numberown)  |  |   | ☐ Chec       | k if this is an    |
|      |  |  |   | amen         | ded filing         |
|      |  |  |   |              |                    |
|      | ficial Form 106Sum   |  |   |              |                    |
|      | mmary of Your Assets and L   |  |   |              | 12/15              |
|      | is complete and accurate as possible. If two<br>rmation. Fill out all of your schedules first; |  |   |              |                    |
|      | r original forms, you must fill out a new <i>Sui</i>   |  |   |              | •                  |
| Par  | t 1: Summarize Your Assets   |  |   |              |                    |
|      |  |  |   | Your a       |                    |
|      |  |  |   | Value        | of what you own    |
| 1.   | Schedule A/B: Property (Official Form 106/<br>1a, Copy line 55, Total real estate, from Sche   | VB)<br>edule A/B                                   |   | \$           | 0.00               |
|      |  |  |   | \$           | 6,900.00           |
|      |  |  |   | · —          |                    |
|      | 1c. Copy line 63, Total of all property on Sch   | edule A/B  |   | \$           | 6,900.00           |
| Par  | t 2: Summarize Your Liabilities  |  |   |              |                    |
|      |  |  |   |              | abilities          |
|      |  |  |   | Amour        | t you owe          |
| 2.   | Schedule D: Creditors Who Have Claims Se 2a. Copy the total you listed in Column A, Ar         |  | al Form 106D)<br>tom of the last page of Part 1 of <i>Schedule D</i>                  | \$           | 3,400.00           |
| 3.   | Schedule E/F: Creditors Who Have Unsecur 3a. Copy the total claims from Part 1 (priority       | ed Claims (Official Form<br>unsecured claims) from | 106E/F) I line 6e of <i>Schedule E/F</i>  | \$           | 0.00               |
|      | 3b. Copy the total claims from Part 2 (nonpr   | ority unsecured claims)                            | from line 6j of Schedule E/F  | \$           | 24,825.00          |
|      |  |  |   |              |                    |
|      |  |  | Your total liabilities  | \$           | 28,225.00          |
| Des  | Commenter Very Income and Function   |  |   |              |                    |
| Par  | •  |  |   |              |                    |
| 4.   | Schedule I: Your Income (Official Form 106I)<br>Copy your combined monthly income from lin     |  |   | \$           | 2,129.83           |
| 5.   | Schedule J: Your Expenses (Official Form 10  | 06J)   |   |              |                    |
|      | Copy your monthly expenses from line 22c o   |  |   | \$           | 2,221.00           |
| Par  | t 4: Answer These Questions for Admini   | strative and Statistical                           | Records   |              |                    |
| 6.   | Are you filing for bankruptcy under Chapt  No. You have nothing to report on this p            | • •  | is box and submit this form to the court with yo                                      | our other sc | hedules.           |
| 7    | Yes  |  |   |              |                    |
| 7.   | What kind of debt do you have?   | ahte Consumer dehte -                              | ro those "incurred by an individual primarily fo                                      | r a naraana  | family or          |
|      | household purpose." 11 U.S.C. § 101(8  |  | re those "incurred by an individual primarily fo atistical purposes. 28 U.S.C. § 159. | a personal   | , таппу, ог        |
|      | Your debts are not primarily consum the court with your other schedules.                       | er debts. You have noth                            | ing to report on this part of the form. Check th                                      | is box and s | ubmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Rachel C Shasteen

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,105.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|                               |                               | ormation to iden                   |   | nd this filing:   |   |                              |  |
|-------------------------------|-------------------------------|------------------------------------|---|---|---|------------------------------|--|
| Debto                         | or 1                          | Rachel C<br>First Name             | Shasteen  | Middle Name   | Last Name   |                              |  |
| Debto                         |                               |                                    |   |   |   |                              |  |
| ' '                           | e, if filing)                 | First Name                         |   | Middle Name   | Last Name   |                              |  |
| United                        | d States I                    | Bankruptcy Court                   | t for the: WEST   | ERN DISTRICT  | OF MICHIGAN   |                              |  |
| Case                          | number                        |                                    |   |   |   |                              | ☐ Check if this is an  |
|                               |                               |                                    |   |   |   |                              | amended filing   |
|                               |                               |                                    |   |   |   |                              |  |
| Office 1                      | cial F                        | orm 106A                           | <u>/B</u>   |   |   |                              |  |
| Sch                           | nedu                          | ile A/B:                           | <b>Property</b>   | /   |   |                              | 12/15  |
| think it<br>informa           | fits best.                    | Be as complete a ore space is need | ind accurate as po  | ssible. If two marr   | once. If an asset fits in more than o<br>ried people are filing together, both a<br>orm. On the top of any additional pag | re equally responsible for s | upplying correct   |
| Part 1:                       | Descri                        | be Each Residence                  | e, Building, Land,  | or Other Real Esta  | te You Own or Have an Interest In   |                              |  |
| 1. <b>Do</b> y                | ou own o                      | or have any legal o                | r equitable interes                                       | st in any residence   | , building, land, or similar property?  |                              |  |
| <b>I</b>                      | lo. Go to F                   | Part 2.                            |   |   |   |                              |  |
| □ Y                           | es. Wher                      | e is the property?                 |   |   |   |                              |  |
| Part 2:                       | Dogoril                       | be Your Vehicles                   |   |   |   |                              |  |
| I alt 2.                      | Descri                        | be rour vernicles                  |   |   |   |                              |  |
| 3. Car<br>□ N<br>■ Y          | No                            | trucks, tractors                   | , sport utility ve  | hicles, motorcyc  | ries  |                              |  |
| 3.1                           | Make:                         | Dodge                              |   | Who has an into   | erest in the property? Check one  |                              | claims or exemptions. Put                                    |
|                               | Model:                        | Avenger                            |   | ■ Debtor 1 only   |   |                              | red claims on Schedule D:<br>aims Secured by Property.       |
|                               | Year:                         | 2009                               |   | Debtor 2 only   |   | Current value of the         | Current value of the   |
|                               |                               | nate mileage: ormation:            | 152,000   | Debtor 1 and  | Debtor 2 only of the debtors and another  | entire property?             | portion you own?   |
|                               | Outer init                    | omidion.                           |   | At least one of   | or the debtors and another  |                              |  |
|                               |                               |                                    |   | Check if this   | s is community property   | \$2,200.00                   | \$2,200.00   |
| Example 1 Address 5 Address 5 | mples: Bound in the doges you | oats, trailers, mot                | tors, personal wa<br>portion you ow<br>or Part 2. Write t | tercraft, fishing ve<br>n for all of your<br>that number here | entries from Part 2, including an   | y entries for                | \$2,200.00   |
| Part 3:                       | ou own o                      | r have any legal                   | l or equitable int  | terest in any of t  | he following items?   |                              | Current value of the portion you own?  Do not deduct secured |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Schedule A/B: Property Official Form 106A/B

| De  | ebtor 1          | Rachel C Shasteen  | Case number (if known)                    |                                 |
|-----|------------------|--|---|---------------------------------|
|     | ■ Yes.           | . Describe   |   |                                 |
|     |                  | Living Room Furniture and Furnishings  |   | \$800.00                        |
|     |                  | Bed Room Furniture and Furnishings   |   | \$500.00                        |
|     |                  | Kitchen Furniture and Furnishings  |   | \$500.00                        |
|     |                  | Misc Household Goods and Furnishings   |   | \$300.00                        |
| 7.  | ■ No             | nics  les: Televisions and radios; audio, video, stereo, and digital equipment; including cell phones, cameras, media players, games  Describe | computers, printers, scanners; music c    | ollections; electronic devices  |
| 8.  | Example  No      | ibles of value  les: Antiques and figurines; paintings, prints, or other artwork; books, pi other collections, memorabilia, collectibles       | ctures, or other art objects; stamp, coin | , or baseball card collections; |
| 9.  | Equipmon Example | nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycle musical instruments  Describe             | es, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools;    |
| 10. | ■ No             | ms  ples: Pistols, rifles, shotguns, ammunition, and related equipment  Describe   |   |                                 |
| 11. | □ No             | es  ples: Everyday clothes, furs, leather coats, designer wear, shoes, acces  Describe   | ssories                                   |                                 |
|     | <b>—</b> 103.    | Clothing   |   | \$600.00                        |
| 12. | ■ No             | ry  ples: Everyday jewelry, costume jewelry, engagement rings, wedding rin  Describe   | ngs, heirloom jewelry, watches, gems, ç   | gold, silver                    |
| 13. | Examp<br>■ No    | arm animals  uples: Dogs, cats, birds, horses  Describe  |   |                                 |
| 14. | ■ No             | ther personal and household items you did not already list, includi  Give specific information   | ng any health aids you did not list       |                                 |
| 15  |                  | the dollar value of all of your entries from Part 3, including any ent   | ries for pages you have attached          | \$2,700,00                      |

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| Debt         | tor 1                         | Rachel C S                              | hasteen  |   | Case number (if known)                         |   |
|--------------|-------------------------------|---|--|---|--|---|
| Part         | 4: De                         | escribe Your Fina                       | ncial Assets   |   | _  |   |
| Do y         | ou o                          | wn or have any                          | legal or equitable interest                              | in any of the following?  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|              | No                            |   | ı have in your wallet, in your                           | •   | d on hand when you file your petitio           | n   |
| _            | Exam                          |   |  | ccounts; certificates of deposit; s<br>nts with the same institution, list                            | shares in credit unions, brokerage he<br>each. | ouses, and other similar  |
|              | No<br>Yes                     |   |  | Institution name:   |  |   |
| _            |                               |   | , or publicly traded stocks s, investment accounts with  | brokerage firms, money market   | accounts                                       |   |
|              | _                             |   | Institution or issu                                      | er name:  |  |   |
| _            |                               | oublicly traded s<br>venture            | stock and interests in inco                              | rporated and unincorporated l   | businesses, including an interest              | in an LLC, partnership, and   |
|              |                               | . Give specific in                      | nformation about them<br>Name of entity:                 |   | % of ownership:                                |   |
|              | Nego                          | tiable instrumen                        | ts include personal checks, o                            | egotiable and non-negotiable in<br>cashiers' checks, promissory not<br>transfer to someone by signing | tes, and money orders.                         |   |
|              | No                            |   |  |   |  |   |
|              | l Yes.                        | . Give specific in                      | formation about them Issuer name:                        |   |  |   |
|              |                               | ement or pension<br>oples: Interests in |  | ), 403(b), thrift savings accounts  | , or other pension or profit-sharing p         | lans  |
|              | Yes                           | . List each accοι                       | unt separately. Type of account:                         | Institution name:   |  |   |
|              |                               |   |  | 401k  |  | \$1,500.00  |
|              | Your :<br><i>Exam</i><br>I No |   | sed deposits you have made                               | so that you may continue servic<br>nt, public utilities (electric, gas, w<br>Institution name or ind  | vater), telecommunications compani             | es, or others   |
| 23. <b>F</b> | Annui                         | ties (A contract                        | for a periodic payment of mo                             | oney to you, either for life or for a   | a number of years)                             |   |
|              | No<br>Yes.                    | 1                                       | ssuer name and description                               |   |  |   |
| 2            | 6 U.S                         |   | ion IRA, in an account in a<br>, 529A(b), and 529(b)(1). | a qualified ABLE program, or ι  | under a qualified state tuition prog           | gram.   |
|              | No<br>Yes.                    | 1                                       | nstitution name and descript                             | tion. Separately file the records of  | of any interests.11 U.S.C. § 521(c):           |   |
|              | rusts<br>I No                 | s, equitable or f                       | uture interests in property                              | (other than anything listed in  | line 1), and rights or powers exer             | cisable for your benefit  |

Official Form 106A/B Schedule A/B: Property page 3

 $\square$  Yes. Give specific information about them...

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| De  | ebtor 1          | Rachel C Shasteen   |  | Case number (if known)                        |   |
|-----|------------------|---|--|---|---|
| 26. | Example ■ No     | es: Internet domain names, w  | nde secrets, and other intellectual prebsites, proceeds from royalties and lice      |   |   |
|     | ☐ Yes.           | Give specific information abou  | t them   |   |   |
| 27. |                  | s, franchises, and other ger<br>les: Building permits, exclusive                          | _  | dings, liquor licenses, professional license  | 98  |
|     |                  | Give specific information abou  | t them   |   |   |
| M   | oney or p        | roperty owed to you?  |  |   | Current value of the portion you own? Do not deduct secured |
|     |                  |   |  |   | claims or exemptions.                                       |
| 28. | Tax refu<br>■ No | ınds owed to you  |  |   |   |
|     |                  | Give specific information abou  | them, including whether you already f  | iled the returns and the tax years            |   |
| 29. | Family :         |   | nony, spousal support, child support, m  | aintenance, divorce settlement, property      | settlement  |
|     | ■ No             |   |  |   |   |
|     | ☐ Yes. (         | Give specific information   |  |   |   |
| 30. |                  | mounts someone owes you<br>les: Unpaid wages, disability in<br>benefits; unpaid loans you |  | sick pay, vacation pay, workers' comper       | sation, Social Security                                     |
|     | ■ No             | Civo aposific information   |  |   |   |
|     |                  | Give specific information   |  |   |   |
| 31. |                  | s in insurance policies<br>les: Health, disability, or life in:                           | surance; health savings account (HSA)  | ; credit, homeowner's, or renter's insurar    | се  |
|     | ☐ Yes. N         |   | of each policy and list its value.   |   |   |
|     |                  | Compar  | y name:  | Beneficiary:                                  | Surrender or refund<br>value:                               |
| 32. | If you a someon  |   | you from someone who has died<br>ust, expect proceeds from a life insurar            | nce policy, or are currently entitled to rece | vive property because                                       |
| 33. |                  |   | er or not you have filed a lawsuit or a<br>sputes, insurance claims, or rights to so |   |   |
|     | ☐ Yes.           | Describe each claim   |  |   |   |
| 34. | Other c □ No     | ontingent and unliquidated  | claims of every nature, including co   | unterclaims of the debtor and rights to       | set off claims  |
|     | Yes.             | Describe each claim   |  |   |   |
|     |                  |   | 2017 Income Tax Refurnd est.   |   | \$500.00  |
|     |                  |   |  |   |   |
| 35. | _ `              | ancial assets you did not alr   | eady list  |   |   |
|     | ■ No<br>□ Yes.   | Give specific information   |  |   |   |
|     | <b>—</b> 163.    | Oivo specific information   |  | r   |   |
| 36  | . Add th         | e dollar value of all of your   | entries from Part 4, including any er  | tries for pages you have attached             | <b>#0.000.00</b>  |

\$2,000.00

Official Form 106A/B Schedule A/B: Property

for Part 4. Write that number here.....

page 4

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| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  37. Do you own or have any legal or equitable interest in any business-related property?  No. Go to Part 6.  Yes. Go to line 38.  Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No. Go to Part 7.  Yes. Go to line 47.  Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information |            |
|--|------------|
| No. Go to Part 6.  Yes. Go to line 38.  Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No. Go to Part 7.  Yes. Go to line 47.  Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information  |            |
| Yes. Go to line 38.    Part 6:   Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.    46.   Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?   No. Go to Part 7.  |            |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No. Go to Part 7.  Yes. Go to line 47.  Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information   |            |
| If you own or have an interest in farmland, list it in Part 1.  46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No. Go to Part 7.  Yes. Go to line 47.  Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information   |            |
| No. Go to Part 7.  Yes. Go to line 47.  Describe All Property You Own or Have an Interest in That You Did Not List Above  3. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information   |            |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information  |            |
| Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information  |            |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  ■ No  □ Yes. Give specific information  |            |
| Examples: Season tickets, country club membership  ■ No  □ Yes. Give specific information  |            |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  |            |
|  | \$0.00     |
| Part 8: List the Totals of Each Part of this Form  |            |
| 55. Part 1: Total real estate, line 2  | \$0.00     |
| 56. Part 2: Total vehicles, line 5 \$2,200.00  |            |
| 57. Part 3: Total personal and household items, line 15 \$2,700.00   |            |
| 58. Part 4: Total financial assets, line 36 \$2,000.00   |            |
| 59. Part 5: Total business-related property, line 45 \$0.00  |            |
| 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00   |            |
| 61. Part 7: Total other property not listed, line 54 +   |            |
| 62. <b>Total personal property.</b> Add lines 56 through 61 <b>\$6,900.00</b> Copy personal property total   | \$6,900.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62   | \$6,900.00 |

Official Form 106A/B Schedule A/B: Property page 5

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|                          |  |  | •  |  |  | -  |
|--------------------------|--|--|--|--|--|--|
| F                        | ll in this inform  | ation to identify your case:   |  |  |  |  |
| De                       | ebtor 1  | Rachel C Shasteen  |  |  |  |  |
| De                       | ebtor 2  | First Name   | Middle Name  | L                                      | ast Name   |  |
|                          | oouse if, filing)  | First Name   | Middle Name  | L                                      | ast Name   |  |
| Ur                       | nited States Ban   | kruptcy Court for the: WES   | TERN DISTRICT OF M   | IICHI                                  | GAN  |  |
|                          | ase number   |  |  |  |  | ☐ Check if this is an amended filing                               |
| _                        |  | 1000   |  |  |  |  |
|                          | fficial For  | <del></del>  |  |  |  |  |
| <u>S</u>                 | <u>chedule</u>   | C: The Prope   | rty You Cla  | <u>im</u>                              | as Exempt  | 4/16   |
| the<br>nee<br>cas        | property you liseded, fill out and se number (if known                   | ted on Schedule A/B: Property<br>attach to this page as many cown).                          | y (Official Form 106A/B)<br>copies of <i>Part 2: Addition</i>              | as yo<br>nal Pa                        | our source, list the property that you age as necessary. On the top of any | additional pages, write your name and                              |
| spe<br>any<br>fun<br>exe | ecific dollar am<br>y applicable sta<br>ids—may be ur<br>emption to a pa | ount as exempt. Alternative<br>atutory limit. Some exemptio<br>alimited in dollar amount. Ho | ly, you may claim the f<br>ns—such as those for<br>owever, if you claim an | ull fa<br>heal<br>exen                 | th aids, rights to receive certain b<br>nption of 100% of fair market valu | ng exempted up to the amount of enefits, and tax-exempt retirement |
| Pa                       | art 1: Identify  | the Property You Claim as  | Exempt   |  |  |  |
| 1.                       | Which set of   | exemptions are you claiming  | ? Check one only, eve  | n if yc                                | our spouse is filing with you.   |  |
|                          | ☐ You are cla  | iming state and federal nonba  | nkruptcy exemptions.   | 11 U.S                                 | S.C. § 522(b)(3)   |  |
|                          | You are cla  | iming federal exemptions. 11   | U.S.C. § 522(b)(2)   |  |  |  |
| 2.                       | For any prope  | erty you list on Schedule A/L  | 3 that you claim as exe  | mpt,                                   | fill in the information below.   |  |
|                          |  | on of the property and line on   | Current value of the   | Am                                     | ount of the exemption you claim  | Specific laws that allow exemption                                 |
|                          | Schedule A/B t   | hat lists this property  | portion you own  Copy the value from  Schedule A/B                         | Check only one box for each exemption. |  |  |
|                          |  | n Furniture and  | \$800.00   |  | \$800.00   | 11 U.S.C. § 522(d)(3)  |
|                          | Furnishings Line from Sch  |  |  |  | 100% of fair market value, up to any applicable statutory limit            |  |
|                          |  | Furniture and Furnishings  | \$500.00   |  | \$500.00   | 11 U.S.C. § 522(d)(3)  |
|                          | Line nom 307   | euule PVD. <b>G.Z</b>  |  |  | 100% of fair market value, up to any applicable statutory limit            |  |
|                          | Kitchen Fur  | niture and Furnishings   | \$500.00   |  | \$500.00   | 11 U.S.C. § 522(d)(3)  |
|                          |  |  |  |  | 100% of fair market value, up to any applicable statutory limit            |  |
|                          | Misc House<br>Furnishings  | hold Goods and   | \$300.00   |  | \$300.00   | 11 U.S.C. § 522(d)(3)  |
|                          | Line from Sch  |  |  |  | 100% of fair market value, up to any applicable statutory limit            |  |
|                          | Clothing<br>Line from Sch  | edule A/B: <b>11.1</b>   | \$600.00   |  | \$600.00   | 11 U.S.C. § 522(d)(3)  |
|                          |  | -  |  |  |  |  |

☐ 100% of fair market value, up to any applicable statutory limit

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| Brief description of the property and line on<br>Schedule A/B that lists this property |  | Current value of the portion you own | Amount of the exemption you claim      |   | Specific laws that allow exemption |
|--|--|--------------------------------------|--|---|------------------------------------|
|  |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption. |   |                                    |
| -  | 01k<br>ne from <i>Schedule A/B</i> : 21.1  | \$1,500.00                           |  | \$1,500.00  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(12)             |
|  | 017 Income Tax Refurnd est.<br>ne from Schedule A/B: 34.1  | \$500.00                             |  | \$500.00  100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(5)              |
|  | re you claiming a homestead exemption of ubject to adjustment on 4/01/19 and every 3 No  Yes. Did you acquire the property covered No  Yes | years after that for car             | ses fil                                | ,   | ,                                  |

|  | Case.1               | 7-03527-JWD D   | oc #.1 Filed. 07   | 125/11 Page  | 17 01 48                                     |                          |
|--|----------------------|---|--|--|--|--------------------------|
| Fill in this information                           | on to identify you   | r case:   |  |  |  |                          |
| Debtor 1 R   | Rachel C Shaste      | een   |  |  |  |                          |
|  | irst Name            | Middle Name   | Last Name  |  |  |                          |
| Debtor 2   |                      |   |  |  |  |                          |
| (Spouse if, filing) Fi                             | irst Name            | Middle Name   | Last Name  |  |  |                          |
| United States Bankrup                              | ptcy Court for the:  | WESTERN DISTRIC   | CT OF MICHIGAN   |  |  |                          |
| Case number  |                      |   |  |  |  |                          |
| (if known)   |                      |   |  |  | ☐ Chec                                       | k if this is an          |
|  |                      |   |  |  | amer   | nded filing              |
| Official Forms 4/                                  | 000                  |   |  |  |  |                          |
| Official Form 10                                   | <del></del>          |   |  |  |  |                          |
| Schedule D:  | Creditors            | Who Have C  | laims Secured  | l by Propert   | у  | 12/15                    |
|  |                      |   | filing together, both are equ<br>nd attach it to this form. On |  |  |                          |
| 1. Do any creditors have                           | e claims secured by  | your property?  |  |  |  |                          |
| ☐ No. Check this                                   | box and submit th    | nis form to the court with  | your other schedules. Yo                                       | u have nothing else t                                  | o report on this form.                       |                          |
| Yes. Fill in all o                                 |                      |   | ,  | ŭ  | ·  |                          |
|  |                      | ociow.  |  |  |  |                          |
| Part 1: List All Secured Claims  Column A Column B |                      |   |  |  |  | Column C                 |
| for each claim. If more th                         | han one creditor has | nore than one secured clair<br>a particular claim, list the o<br>cal order according to the c |  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 ELGA Credit                                    | Union                | Describe the property th  | nat secures the claim:   | \$3,400.00   | \$2,200.00                                   | \$1,200.00               |
| Creditor's Name                                    |                      | 2009 Dodge Aveng  |  | <b>+</b> - <b>,</b>                                    |  |                          |
|  |                      |   |  |  |  |                          |
|  |                      | As of the date you file, t  | he claim is: Check all that                                    |  |  |                          |
| 2305 S. Cente                                      |                      | apply.  | or order that  |  |  |                          |
| Burton, MI 48                                      |                      | Contingent  |  |  |  |                          |
| Number, Street, City,                              | State & Zip Code     | Unliquidated  |  |  |  |                          |
|  |                      | Disputed  |  |  |  |                          |
| Who owes the debt?                                 | Check one.           | Nature of lien. Check al  | ** *   |  |  |                          |
| Debtor 1 only                                      |                      |   | de (such as mortgage or secu                                   | ured   |  |                          |
| Debtor 2 only                                      |                      | cai ioan)   |  |  |  |                          |
| Debtor 1 and Debtor                                | 2 only               | ☐ Statutory lien (such as   | tax lien, mechanic's lien)                                     |  |  |                          |
| At least one of the de                             |                      | ☐ Judgment lien from a l  |  |  |  |                          |
| ☐ Check if this claim r<br>community debt          | relates to a         | ☐ Other (including a righ   | t to offset)   |  |  |                          |
| Date debt was incurred                             | I                    | Last 4 digits of a  | ccount number  |  |  |                          |
|  |                      |   |  |  |  |                          |
| Add the dollar value of                            | of your entries in C | olumn A on this page. Wr  | ite that number here.  | \$3,40   | 00.00  |                          |
|  | -                    | the dollar value totals from  |  |  |  |                          |
| Write that number her                              |                      |   | P - Q  | \$3,40   | 00.00  |                          |
| Part 2: List Others                                | to Be Notified fo    | r a Debt That You Alre  | adv Listed   |  |  |                          |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|  | Case.17   | -03327-JWD   | Duc #.1 Tileu. U   | 1123111 Fage 10                              | 0 40   |   |
|--|---|--|--|--|--|---|
| Fill in this in                                  | nformation to identify your   | case:  |  |  |  |   |
| Debtor 1   | Rachel C Shastee  | en   |  |  |  |   |
|  | First Name  | Middle Name  | Last Name  | _  |  |   |
| Debtor 2<br>(Spouse if, filing)                  | First Name  | Middle Name  | Last Name  |  |  |   |
| United State                                     | s Bankruptcy Court for the:   | WESTERN DIST   | RICT OF MICHIGAN   |  |  |   |
| 0  |   |  |  | _  |  |   |
| Case numbe                                       | er  |  |  |  | ☐ Check if this is an amended filing   |   |
|  | orm 106E/F<br>e E/F: Creditors W  | /ho Have Un  | secured Claims   |  | 12/15  |   |
|  |   |  |  |  | PRIORITY claims. List the other party  |   |
| Part 1: Li  1. Do any ci No. Gi Yes.  Part 2: Li |   | ge. If you have no inf<br>esecured Claims<br>d claims against you<br>'Y Unsecured Clai | ormation to report in a Part, (                            |  | number the entries in the boxes on the op of any additional pages, write your  |   |
| □ No. Yo ■ Yes.                                  | ou have nothing to report in this p   | art. Submit this form t  | o the court with your other sche                           | edules.                                      |  |   |
| unsecure   |   | y for each claim. For e  | ach claim listed, identify what t                          | type of claim it is. Do not list cla         | or has more than one nonpriority<br>aims already included in Part 1. If more<br>aims fill out the Continuation Page of |   |
|  |   |  |  |  | Total claim  |   |
| 4.1 <b>Can</b>                                   | oital One Bank  | Last   | 4 digits of account number                                 | 4920   | \$8,000.00   | 0 |
| PO<br>Car<br>Num                                 | oriority Creditor's Name  Box 6492  ol Stream, IL 60197-6492 ber Street City State Zlp Code | 2  | n was the debt incurred?<br>f the date you file, the claim | is: Check all that apply                     |  | _ |
| _  | incurred the debt? Check one.   | _  |  |  |  |   |
|  | ebtor 1 only  |  | ontingent  |  |  |   |
|  | ebtor 2 only  |  | nliquidated  |  |  |   |
|  | ebtor 1 and Debtor 2 only   | _  | isputed  | d alaim.                                     |  |   |
| _  | t least one of the debtors and and  | D. C.  | of NONPRIORITY unsecured tudent loans                      | a ciaim:                                     |  |   |
| ∐ C<br>debt                                      | heck if this claim is for a comi  | nunity   |  | ration agreement or divorce that             | at you did not   |   |
| _  | e claim subject to offset?  | repo   | rt as priority claims                                      | -  | •  |   |
| ■ N  | lo  |  |  | g plans, and other similar debts             |  |   |
| ПΥ   | es  | ■ (  |  | PENSES, HOUSEHOLD<br>CHARGES, FEES, AND<br>S | *  |   |

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| Debto | Rachel C Shasteen   | Case number (if know)   |            |
|-------|---|---|------------|
| 4.2   | ELGA Credit Union  Nonpriority Creditor's Name                                      | Last 4 digits of account number 0004  | \$4,700.00 |
|       | 2305 S. Center Road<br>Burton. MI 48519   | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply   |            |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                 |            |
|       | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | □Yes  | LIVING EXPENSES, HOUSEHOLD GOODS, FINANCE CHARGES, FEES, AND PENALTIES  |            |
| 4.3   | ELGA Credit Union (Visa)  | Last 4 digits of account number 5090  | \$4,700.00 |
| 4.0   | Nonpriority Creditor's Name 2305 S. Center Road Burton, MI 48519                    | When was the debt incurred?   | ψ4,700.00  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|       | debt<br>Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | ☐ Yes   | LIVING EXPENSES, HOUSEHOLD GOODS, FINANCE CHARGES, FEES, AND PENALTIES  |            |
| 4.4   | Family Fitness Alpine   | Last 4 digits of account number   | \$2,400.00 |
|       | Nonpriority Creditor's Name<br>1040 4 Mile Road Northwest<br>Grand Rapids, MI 49544 | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community debt                                       | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that you did not</li></ul> |            |
|       | Is the claim subject to offset?   | report as priority claims   |            |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | □Yes  | ■ Other, Specify Gym Contract   |            |

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| Debtor | 1 Rachel C Shasteen  | Case number (if know)  |          |
|--------|--|--|----------|
| 4.5    | Kohls  | Last 4 digits of account number 3019   | \$100.00 |
|        | Nonpriority Creditor's Name PO Box 2983  | When was the debt incurred?  |          |
|        | Milwaukee, WI 53201-2983   | As of the data confile the claim in Ot. 1. II.II.  |          |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim is: Check all that apply                                  |          |
|        | ■ Debtor 1 only  | ☐ Contingent   |          |
|        | Debtor 2 only  | ☐ Unliquidated   |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|        | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |          |
|        | ☐ Check if this claim is for a community                                       | ☐ Student loans  |          |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not              |          |
|        | Is the claim subject to offset?  | report as priority claims  |          |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                          |          |
|        |  | LIVING EXPENSES, HOUSEHOLD GOODS,  |          |
|        | Yes  | ■ Other. Specify FINANCE CHARGES, FEES, AND PENALTIES  |          |
| 4.6    | Macy's   | Last 4 digits of account number 3928   | \$200.00 |
|        | Nonpriority Creditor's Name Recovery/Compliance Department                     | When was the debt incurred?  |          |
|        | PO Box 8053  |  |          |
|        | Mason, OH 45040-8909   |  |          |
|        | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply                                  |          |
|        | Who incurred the debt? Check one.  |  |          |
|        | Debtor 1 only  | ☐ Contingent   |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|        | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |          |
|        | ☐ Check if this claim is for a community                                       | ☐ Student loans  |          |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not                |          |
|        | _  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |          |
|        | ■ No   |  |          |
|        |  | LIVING EXPENSES, HOUSEHOLD GOODS,FINANCE CHARGES, FEES, AND                                  |          |
|        | Yes  | Other Specify PENALTIES  |          |
| 4.7    | Priority Health  | Last 4 digits of account number  | \$75.00  |
|        | Nonpriority Creditor's Name 1231 East Beltline NE Comstock Park, MI 49321-8639 | When was the debt incurred?  |          |
|        | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply                                  |          |
|        | Who incurred the debt? Check one.  |  |          |
|        | ■ Debtor 1 only  | ☐ Contingent   |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|        | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |          |
|        | ☐ Check if this claim is for a community                                       | ☐ Student loans  |          |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                |          |
|        | Is the claim subject to offset?  | report as priority claims  |          |
|        | No   | Debts to pension or profit-sharing plans, and other similar debts                            |          |
|        | Yes  | ■ Other. Specify MEDICAL EXPENSES  |          |

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| Debto | Rachel C Shasteen  | Case number (if know)  |            |
|-------|--|--|------------|
| 4.8   | Synchrony Bank/JCP Nonpriority Creditor's Name PO Box 960090         | Last 4 digits of account number  | \$4,000.00 |
|       | Orlando, FL 32896  | Mileti was the destiniculted:  |            |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |            |
|       | debt<br>Is the claim subject to offset?                              | $\hfill\square$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | Yes  | LIVING EXPENSES, HOUSEHOLD GOODS, FINANCE CHARGES, FEES, AND PENALTIES   |            |
|       |  |  |            |
| 4.9   | Victoria Secrets   | Last 4 digits of account number XXXXXXXXX  | \$450.00   |
|       | Nonpriority Creditor's Name PO Box 659728 San Antonio, TX 78265      | When was the debt incurred?  |            |
|       | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.                                    |  |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |            |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not  |            |
|       | <u> </u>   | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                               |            |
|       | ■ No   |  |            |
|       | Yes  | LIVING EXPENSES, HOUSEHOLD GOODS, FINANCE CHARGES, FEES, AND  Other. Specify PENALTIES                                     |            |
|       |  |  |            |
| 4.1   | Womens Specialty Associates PC  Nonpriority Creditor's Name          | Last 4 digits of account number  | \$200.00   |
|       | 3434 Regency Park Drive Suite A                                      | When was the debt incurred?  |            |
|       | Grand Blanc, MI 48439-2565   | _  |            |
|       | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.                                    |  |            |
|       | Debtor 1 only  | ☐ Contingent   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  ☐ Student loans  |            |
|       | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not  |            |
|       | Is the claim subject to offset?                                      | report as priority claims  |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | Yes  | ■ Other. Specify MEDICAL EXPENSES  |            |
|       |  | 5or. opoony  |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency

|                       | • | <br> |     |                 | 90 == 00 |
|-----------------------|---|------|-----|-----------------|----------|
| Debtor 1 Rachel C Sha | steen                                   |      | Cas | e number (if kn | ow)      |

|   | debts that you listed in Parts 1 or 2, list  | reditor in Parts 1 or 2, then list the collection agency here. Similarly, if you the additional creditors here. If you do not have additional persons to be |  |  |  |
|---|--|---|--|--|--|
| Name and Address  Advanced Call Center Tcch         | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one): |   |  |  |  |
| PO Box 9091<br>Johnson City, TN 37615-9091          | Line 4.0 of (Check one).   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| demission only, in ordina soci                      | Last 4 digits of account number  |   |  |  |  |
| Name and Address                                    | On which entry in Part 1 or Part 2 did you list the original creditor?                           |   |  |  |  |
| JC Penney   | Line 4.8 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims  |  |  |  |
| P Box 960090<br>Orlando, FL 32896-0090              |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| 5.1a.1a5, 1 2 52555 5555                            | Last 4 digits of account number  |   |  |  |  |
| Name and Address                                    | On which entry in Part 1 or Part   | 2 did you list the original creditor?   |  |  |  |
| Visa  | Line 4.3 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims  |  |  |  |
| Customer Service<br>PO Box 30495<br>Tampa, FL 33630 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| . 1,  | Last 4 digits of account number  |   |  |  |  |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

|                    |     |   |     | -  | Total Claim |
|--------------------|-----|---|-----|----|-------------|
|                    | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total              |     |   |     |    |             |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                    | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                    | 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$ | 0.00        |
|                    | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | Φ. | 0.00        |
|                    | 06. | Total Friority. Add lines of through od.  | oe. | \$ | 0.00        |
|                    |     |   |     |    | Total Claim |
|                    | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims       |     |   |     |    |             |
| from Part 2        | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                    | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                    | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 24,825.00   |
|                    | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 24,825.00   |

Line 4.3 of (Check one):

Last 4 digits of account number

Name and Address

PO Box 4521

Carol Stream, IL 60197-4521

Visa

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| Fill in this infor  | mation to identify your  | case:              |             |  |                     |
|---------------------|--------------------------|--------------------|-------------|--|---------------------|
| Debtor 1            |                          |                    |             |  |                     |
|                     | First Name               | Middle Name        | Last Name   |  |                     |
| Debtor 2            |                          |                    |             |  |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |  |                     |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT O | OF MICHIGAN |  |                     |
| Case number         |                          |                    |             |  |                     |
| (if known)          |                          |                    |             |  | Check if this is an |
|                     |                          |                    |             |  | amended filing      |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Numbe | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|-----------------------------|---|---------------------|---|
| 2.1 |           |                             |   |                     |   |
|     | Name      |                             |   |                     |   |
|     | Number    | Street                      |   |                     |   |
|     | City      |                             | State   | ZIP Code            | <u> </u>                                |
| 2.2 |           |                             |   |                     |   |
|     | Name      |                             |   |                     |   |
|     | Number    | Street                      |   |                     |   |
|     | City      |                             | State   | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |                             | Olate   | Zii Oodc            |   |
| 2.0 | Name      |                             |   |                     | _                                       |
|     | Number    | Street                      |   |                     | _                                       |
|     | City      |                             | State   | ZIP Code            | _                                       |
| 2.4 | Oity      |                             | Otate   | Zii Code            |   |
|     | Name      |                             |   |                     | _                                       |
|     | Number    | Street                      |   |                     | <u> </u>                                |
|     |           |                             |   |                     |   |
|     | City      |                             | State   | ZIP Code            |   |
| 2.5 |           |                             |   |                     | _                                       |
|     | Name      |                             |   |                     |   |
|     | Number    | Street                      |   |                     |   |
|     | City      |                             | State   | ZIP Code            |   |

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|                 |   |   |                         |                                      | 1   |
|-----------------|---|---|-------------------------|--------------------------------------|---|
| Fill in this    | s information to identify yo                                    | our case:   |                         |                                      |   |
| Debtor 1        | Rachel C Shas   |   |                         |                                      |   |
| Debtor 2        | First Name  | Middle Name   | Last Name               |                                      |   |
| (Spouse if, fil | ing) First Name   | Middle Name   | Last Name               |                                      |   |
| United Sta      | ates Bankruptcy Court for the                                   | e: WESTERN DISTRICT (                                       | OF MICHIGAN             |                                      |   |
| Case num        | nber  |   |                         |                                      |   |
| (if known)      |   |   |                         |                                      | Check if this is an amended filing  |
| O.(;; ;         | 15 40011  |   |                         |                                      | 1   |
|                 | I Form 106H   |   |                         |                                      |   |
| Sched           | dule H: Your Co   | odebtors  |                         |                                      | 12/15   |
|                 | •   | wn). Answer every question (If you are filing a joint case, |                         | e as a codebtor.                     |   |
| ■ No            |   |   |                         |                                      |   |
|                 |   | you lived in a community pr<br>ana, Nevada, New Mexico, Pu  |                         |                                      | ty states and territories include   |
| _               | . Go to line 3.   |   |                         |                                      | ,   |
|                 |   | spouse, or legal equivalent live                            | e with you at the time? |                                      |   |
|                 |   |   | •                       |                                      |   |
| in line<br>Form | e 2 again as a codebtor on                                      | ly if that person is a guaran                               | tor or cosigner. Make   | sure you have listed                 | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fill |
|                 | Column 1: Your codebtor<br>Name, Number, Street, City, State an | nd ZIP Code   |                         | Column 2: The cr<br>Check all schedu | editor to whom you owe the debt   |
|                 |   |   |                         | <u>_</u>                             |   |
| 3.1             | Name  |   |                         | □ Schedule D, lii □ Schedule E/F,    |   |
|                 |   |   |                         | ☐ Schedule C, li                     |   |
|                 | Number Street   |   |                         |                                      |   |
|                 | City  | State   | ZIP Code                |                                      |   |
| 3.2             |   |   |                         | ☐ Schedule D, lii                    | ne  |
| [ <del></del> ] | Name  |   |                         | ☐ Schedule E/F,                      |   |
|                 |   |   |                         | ☐ Schedule G, li                     |   |
|                 | Number Street   |   |                         | _                                    |   |
|                 | City  | State   | ZIP Code                |                                      |   |

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|                   |  |   |                       |                           |             |      | •                         |             |              |                        |             |
|-------------------|--|---|-----------------------|---------------------------|-------------|------|---------------------------|-------------|--------------|------------------------|-------------|
|                   | in this information to identify your btor 1 Rachel C S   |   |                       |                           |             |      |                           |             |              |                        |             |
| Del               | btor 2   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    |                       |                           |             | _    |                           |             |              |                        |             |
|                   | ouse, if filing) ited States Bankruptcy Court for th   | ne: WESTERN DISTRICT                                      | T OF MIC              | HIGAN                     |             |      |                           |             |              |                        |             |
| Cas               | se number  | ic. WESTERNADIONIO  | -                     | 1110/111                  |             | _    | ☐ An                      | if this is: |              | nostnotiti             | on chapter  |
| $\cap$            | fficial Form 106l  |   |                       |                           |             |      | 13                        | income      | as of the fo |                        |             |
|                   | chedule I: Your Inc  | oomo  |                       |                           |             |      | MM                        | // DD/ Y    | YYY          |                        | 12/15       |
| spo<br>atta<br>Pa | plying correct information. If you see. If you are separated and you has separate sheet to this form  The separate sheet to this form  Describe Employment | our spouse is not filing w<br>n. On the top of any additi | ith you, d            | lo not inclu              | de infor    | mati | on about y                | our spo     | use. If mo   | re space i             | s needed,   |
| 1.                | Fill in your employment information.   |   | Debtoi                | 1                         |             |      | I                         | Debtor 2    | or non-fil   | ing spous              | е           |
|                   | If you have more than one job, attach a separate page with   | Employment status   | ■ Employed            |                           |             |      | ☐ Employed ☐ Not employed |             |              |                        |             |
|                   | information about additional employers.  |   | ☐ Not employed        |                           |             |      |                           | L Not e     | mployed      |                        |             |
|                   | Include part-time, seasonal, or  | Occupation  | Labratory Service Rep |                           |             |      |                           |             |              |                        |             |
|                   | self-employed work.  | Employer's name   | Spect                 | rum Healt                 | h           |      |                           |             |              |                        |             |
|                   | Occupation may include student or homemaker, if it applies.  | Employer's address  |                       | ullton Ste<br>I Rapids, I |             |      | 261                       |             |              |                        |             |
|                   |  | How long employed t                                       | here?                 | 1.5 Yea                   | rs          |      |                           | _           |              |                        |             |
| Pai               | rt 2: Give Details About Me  | onthly Income   |                       |                           |             |      |                           |             |              |                        |             |
|                   | mate monthly income as of the use unless you are separated.  | date you file this form. If                               | you have              | nothing to r              | eport for   | any  | line, write \$            | \$0 in the  | space. Inc   | lude your r            | non-filing  |
|                   | ou or your non-filing spouse have r<br>e space, attach a separate sheet t  |   | ombine th             | e informatio              | n for all e | empl | oyers for th              | at perso    | n on the lin | nes below.             | If you need |
|                   |  |   |                       |                           |             |      | For Debt                  | or 1        |              | otor 2 or<br>ng spouse |             |
| 2.                | List monthly gross wages, sal deductions). If not paid monthly   |   |                       |                           | 2.          | \$   | 2,8                       | 00.808      | \$           | N/A                    | <u> </u>    |
| 3.                | Estimate and list monthly ove  | rtime pay.  |                       |                           | 3.          | +\$  |                           | 0.00        | +\$          | N/A                    | <u>A</u>    |

2,808.00

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1              | Rachel C Shasteen   | -        | (          | Case r | number ( <i>if k</i>                    | nown) |           |                        |                     |                    |
|-----|--------------------|---|----------|------------|--------|---|-------|-----------|------------------------|---------------------|--------------------|
|     |                    |   |          |            | For    | Debtor 1                                |       |           | r Debtor<br>n-filing s |                     |                    |
|     | Cop                | by line 4 here  | 4.       |            | \$     | 2,80                                    | 3.00  | \$_       |                        | N/A                 | _                  |
| 5.  | List               | all payroll deductions:   |          |            |        |   |       |           |                        |                     |                    |
|     | 5a.                | Tax, Medicare, and Social Security deductions   | 5a       | ١.         | \$     | 669                                     | 9.50  | \$        |                        | N/A                 |                    |
|     | 5b.                | Mandatory contributions for retirement plans  | 5b       |            | \$     |   | 0.00  | \$        |                        | N/A                 | _                  |
|     | 5c.                | Voluntary contributions for retirement plans  | 5c       | <b>:</b> . | \$     | (                                       | 0.00  | \$        |                        | N/A                 | \                  |
|     | 5d.                | Required repayments of retirement fund loans  | 5d       | l.         | \$     | (                                       | 0.00  | \$        |                        | N/A                 | <u>\</u>           |
|     | 5e.                | Insurance   | 5e       |            | \$     |   | 3.67  | \$        |                        | N/A                 |                    |
|     | 5f.                | Domestic support obligations  | 5f.      |            | \$     |   | 0.00  | \$_       |                        | N/A                 |                    |
|     | 5g.                | Union dues  | 5g       |            | \$     |   | 0.00  |           |                        | N/A                 |                    |
| •   | 5h.                | Other deductions. Specify:  | _ 5h     | 1.+        | \$     |   | 0.00  |           |                        | N/A                 | _                  |
| 6.  |                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       |            | \$     |   | 3.17  | \$_       |                        | N/A                 | _                  |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |            | \$     | 2,12                                    | 9.83  | \$_       |                        | N/A                 | <u>\</u>           |
| 8.  | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             | 0.0      |            | ¢      |   |       | ¢         |                        | <b>N</b> 1/4        |                    |
|     | 8b.                | monthly net income.  Interest and dividends   | 8a<br>8b |            | \$     |   | 0.00  | \$_<br>\$ |                        | N/A                 | _                  |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive   |          | ).         | Φ      |   | 0.00  | Φ_        |                        | N/A                 | <u>1</u>           |
|     |                    | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c       | <b>.</b>   | \$     |   | 0.00  | \$        |                        | N/A                 |                    |
|     | 8d.                | Unemployment compensation   | 8d       |            | \$-    |   | 0.00  | \$-       |                        | N/A                 |                    |
|     | 8e.                | Social Security   | 8e       | <b>.</b>   | \$     |   | 0.00  | \$        |                        | N/A                 |                    |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | e<br>8f. |            | \$     |   | 0.00  | \$_       |                        | N/A                 | <u>.</u>           |
|     | 8g.                | Pension or retirement income  | 8g       |            | \$     |   | 0.00  | \$_       |                        | N/A                 | _                  |
|     | 8h.                | Other monthly income. Specify:  | 8h       | 1.+        | \$     |   | 0.00  | + \$_     |                        | N/A                 | <u>\</u>           |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | 5          | \$     |   | 0.00  | \$_       |                        | N/                  | Ά                  |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.   | 10.      | \$         | 2      | 2,129.83                                | + \$  |           | N/A                    | = \$                | 2,129.83           |
|     |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          |            |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |       |           |                        |                     |                    |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe     |            |        | •                                       |       |           | Schedule               | e <i>J</i> .<br>+\$ | 0.00               |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies   |          |            |        |   |       |           | e.<br>12.              | \$                  | 2,129.83           |
| 13. | Do :               | you expect an increase or decrease within the year after you file this form   | ?        |            |        |   |       |           |                        | Combi<br>month      | ined<br>Ily income |
|     | _                  | No.<br>Yes Explain:   |          |            |        |   |       |           |                        |                     |                    |

Official Form 106I Schedule I: Your Income page 2

| Fill              | in this informat                                 | tion to identify yo                                   | our case:                           |   |  |            |                 |  |
|-------------------|--|---|-------------------------------------|---|--|------------|-----------------|--|
| Deb               | otor 1   | Rachel C Sha  | asteen                              |   |  |            | eck if this is: |  |
| Deh               | otor 2   |   |                                     |   |  |            | An amended fil  | ing<br>showing postpetition chapter                      |
|                   | ouse, if filing)                                 |   |                                     |   |  |            |                 | s of the following date:                                 |
| Unit              | ed States Bankr                                  | uptcy Court for the                                   | : WESTE                             | ERN DISTRICT OF MICHIO  | SAN                                      |            | MM / DD / YYY   | Υ  |
|                   |  |   |                                     |   |  |            |                 |  |
|                   | e number<br>nown)                                |   |                                     |   |  |            |                 |  |
| Of                | fficial Fo                                       | rm 106J   |                                     |   |  |            |                 |  |
|                   |  | J: Your I   | Evnor                               | 1606  |  |            |                 | 12/15  |
| Be<br>info<br>nur | as complete a<br>ormation. If m<br>mber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people are                                   |  |            |                 | e for supplying correct                                  |
| Par<br>1.         | t 1: Descr<br>Is this a join                     | ibe Your House  | enoia                               |   |  |            |                 |  |
|                   | ■ No. Go to                                      | line 2.   | n a separ                           | ate household?  |  |            |                 |  |
|                   | □ No   | -   | st file Offici                      | al Form 106J-2, <i>Expenses</i>                               | for Separate House                       | hold of De | ebtor 2.        |  |
| 2.                | Do you have                                      | e dependents?   | ■ No                                |   |  |            |                 |  |
|                   | Do not list De<br>Debtor 2.                      | ebtor 1 and   | ☐ Yes.                              | Fill out this information for each dependent                  | Dependent's relati<br>Debtor 1 or Debtor |            | Dependent's age | Does dependent live with you?                            |
|                   | Do not state                                     | the   |                                     |   |  |            |                 | □ No   |
|                   | dependents                                       | names.  |                                     |   |  |            |                 | Yes  |
|                   |  |   |                                     |   |  |            |                 | □ No   |
|                   |  |   |                                     |   |  |            |                 |  |
|                   |  |   |                                     |   |  |            |                 | □ No<br>□ Yes  |
|                   |  |   |                                     |   |  |            | _               | □ Yes<br>□ No  |
|                   |  |   |                                     |   |  |            |                 | ☐ Yes  |
| 3.                | expenses of                                      | enses include<br>f people other tl                    | han $_{f \Box}$                     | No<br>Yes   |  |            |                 |  |
|                   | yourself and                                     | d your depende  | nts? □                              | 165   |  |            |                 |  |
| Est<br>exp        | imate your ex                                    |   | our bankr                           | uptcy filing date unless y                                    |  |            |                 | Chapter 13 case to report up of the form and fill in the |
| the               |  | n assistance and                                      |                                     | government assistance if<br>cluded it on <i>Schedule I:</i> Y |  |            | Your e          | expenses   |
| 4.                | The rental o                                     | r home owners   | hin exnen                           | ses for your residence. In                                    | aclude first mortages                    | 2          |                 |  |
| ٠.                |  | d any rent for the                                    |                                     | -   | iolade inst mortgage                     | 4.         | \$              | 655.00   |
|                   | If not includ                                    | ed in line 4:   |                                     |   |  |            |                 |  |
|                   |  | state taxes   |                                     |   |  | 4a.        | · -             | 0.00   |
|                   |  | rty, homeowner's                                      |                                     |   |  | 4b.        | ·               | 0.00   |
|                   |  | maintenance, re<br>owner's associat                   |                                     | upkeep expenses<br>dominium dues                              |  | 4c.<br>4d. | ·               | 0.00<br>0.00   |
| 5.                |  |   |                                     | our residence, such as ho                                     | ne equity loans                          | 5.         | ·               | 0.00   |

| ebtor 1        | Rachel C Shasteen  | Case num     | nber (if known) |                            |
|----------------|--|--------------|-----------------|----------------------------|
| . Utilit       | ies:   |              |                 |                            |
| 6a.            | Electricity, heat, natural gas   | 6a.          | \$              | 25.00                      |
| 6b.            | Water, sewer, garbage collection   | 6b.          | \$              | 0.00                       |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services                                 | 6c.          | \$              | 110.00                     |
| 6d.            | Other. Specify:  | 6d.          | \$              | 0.00                       |
| Food           | d and housekeeping supplies  |              | \$              | 400.00                     |
|                | dcare and children's education costs   | 8.           | \$              | 0.00                       |
| Cloti          | hing, laundry, and dry cleaning  | 9.           | \$              | 150.00                     |
|                | onal care products and services  | 10.          | \$              | 50.00                      |
|                | ical and dental expenses   | 11.          | ·               | 50.00                      |
|                | sportation. Include gas, maintenance, bus or train fare.                                       |              | ·               | 00.00                      |
|                | ot include car payments.   | 12.          | \$              | 350.00                     |
|                | rtainment, clubs, recreation, newspapers, magazines, and books                                 | 13.          | \$              | 100.00                     |
|                | ritable contributions and religious donations  | 14.          | \$              | 0.00                       |
| . Insu         | rance.   |              |                 |                            |
| Do n           | ot include insurance deducted from your pay or included in lines 4 or 20.                      |              |                 |                            |
| 15a.           | Life insurance   | 15a.         | \$              | 0.00                       |
| 15b.           | Health insurance   | 15b.         | \$              | 0.00                       |
| 15c.           | Vehicle insurance  | 15c.         | \$              | 119.00                     |
| 15d.           | Other insurance. Specify: Renters Ins  | 15d.         | \$              | 22.00                      |
|                | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                  |              |                 |                            |
| Spec           |  | 16.          | \$              | 0.00                       |
| '. Insta       | illment or lease payments:   |              |                 |                            |
| 17a.           | Car payments for Vehicle 1   | 17a.         | \$              | 140.00                     |
| 17b.           | Car payments for Vehicle 2   | 17b.         | \$              | 0.00                       |
| 17c.           | Other. Specify:  | 17c.         | \$              | 0.00                       |
| 17d.           | Other. Specify:  | 17d.         | \$              | 0.00                       |
|                | payments of alimony, maintenance, and support that you did not report as                       |              |                 |                            |
|                | acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                   | 18.          | \$              | 0.00                       |
| . Othe         | r payments you make to support others who do not live with you.                                |              | \$              | 0.00                       |
| Spec           | sify:  | 19.          |                 |                            |
|                | er real property expenses not included in lines 4 or 5 of this form or on Sche                 |              |                 |                            |
| 20a.           | Mortgages on other property  | 20a.         | \$              | 0.00                       |
| 20b.           | Real estate taxes  | 20b.         | \$              | 0.00                       |
|                | Property, homeowner's, or renter's insurance   | 20c.         | \$              | 0.00                       |
| 20d.           | Maintenance, repair, and upkeep expenses   | 20d.         | \$              | 0.00                       |
| 20e.           | Homeowner's association or condominium dues  | 20e.         | \$              | 0.00                       |
| . Othe         | r: Specify: Pet Food and Care  | 21.          | +\$             | 50.00                      |
| 0-1-           |  |              |                 |                            |
|                | ulate your monthly expenses  |              | •               | 0.004.00                   |
|                | Add lines 4 through 21.  |              | \$              | 2,221.00                   |
|                | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                |              | Ψ               |                            |
| 22c.           | Add line 22a and 22b. The result is your monthly expenses.                                     |              | \$              | 2,221.00                   |
| Calc           | ulate your monthly net income.   |              |                 |                            |
|                | Copy line 12 (your combined monthly income) from Schedule I.                                   | 23a.         | \$              | 2,129.83                   |
|                | Copy your monthly expenses from line 22c above.  | 23a.<br>23b. | *               | 2,129.83                   |
| ۷۵۵.           | Copy your monthly expenses from the 226 above.   | ۷۵۵.         | Ψ               | 2,221.00                   |
| 230            | Subtract your monthly expenses from your monthly income.                                       |              |                 |                            |
| 200.           | The result is your <i>monthly net income</i> .   | 23c.         | \$              | -91.17                     |
|                | The result to your menting not meeme.  |              |                 |                            |
| 4. <b>Do v</b> | ou expect an increase or decrease in your expenses within the year after yo                    | u file this  | s form?         |                            |
| For e          | xample, do you expect to finish paying for your car loan within the year or do you expect your |              |                 | e or decrease because of a |
|                | ication to the terms of your mortgage?   |              |                 |                            |
| ■ N            | 0.   |              |                 |                            |
| □ Y            | es. Explain here:  |              |                 |                            |

| Fill in this information to identify your case:   |  |   |
|---|--|---|
| Debtor 1 Rachel C Shasteen  |  |   |
| First Name Middle Name  | Last Name  |   |
| Debtor 2  |  |   |
| (Spouse if, filing) First Name Middle Name  | Last Name  |   |
| United States Bankruptcy Court for the: WESTERN DISTR   | RICT OF MICHIGAN   |   |
| Case number   |  |   |
| (if known)  |  | ☐ Check if this is an   |
|   |  | amended filing  |
|   |  |   |
| Official Form 106Dec  |  |   |
|   |  |   |
| Declaration About an Individu   | ual Debtor's Schedules   | 12/15   |
| obtaining money or property by fraud in connection with a   |  | atement, concealing property, or 000, or imprisonment for up to 20          |
| obtaining money or property by fraud in connection with a   |  |   |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   | i bankruptcy case can result in fines up to \$250,   |   |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below   | i bankruptcy case can result in fines up to \$250,   |   |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an  | a bankruptcy case can result in fines up to \$250,  attorney to help you fill out bankruptcy forms?  Attach Ba | 000, or imprisonment for up to 20   |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an  | a bankruptcy case can result in fines up to \$250,  attorney to help you fill out bankruptcy forms?  Attach Ba | 000, or imprisonment for up to 20   |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an  | attorney to help you fill out bankruptcy forms?  Attach Bankruptcy forms?                                      | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an  No Yes. Name of person  Under penalty of perjury, I declare that I have read the  | attorney to help you fill out bankruptcy forms?  Attach Bankruptcy and schedules filed with this declarate     | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an No  Yes. Name of person  Under penalty of perjury, I declare that I have read the that they are true and correct.  X /s/ Rachel C Shasteen Rachel C Shasteen | attorney to help you fill out bankruptcy forms?  Attach Bankruptcy and schedules filed with this declarate     | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an No  Yes. Name of person  Under penalty of perjury, I declare that I have read the that they are true and correct.  X /s/ Rachel C Shasteen                   | attorney to help you fill out bankruptcy forms?  Attach Bankruptcy and schedules filed with this declarate     | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |

|               |   | nation to identify you           |   |   |  |   |
|---------------|---|----------------------------------|---|---|--|---|
| Deb           | otor 1  | Rachel C Shaste                  | Middle Name   | Last Name   |  |   |
|               | otor 2<br>use if, filing)                     | First Name                       | Middle Name   | Last Name   |  |   |
| Unit          | ted States Bai                                | nkruptcy Court for the:          | WESTERN DISTRICT OF   | MICHIGAN  |  |   |
| Cas<br>(if kn | se number                                     |                                  |   |   | _  | Check if this is an amended filing                    |
| Sta<br>Be a   | s complete a                                  | of Financial                     | Affairs for Indivicible. If two married people a statch a separate sheet to               | re filing together, both are                          | equally responsible for sup                |   |
|               |   | n). Answer every que             |   | uns form. On the top of any                           | y additional pages, write you              | ui Haine and Case                                     |
| Par           | f 1: Give D                                   | Details About Your Ma            | arital Status and Where You   | Lived Before  |  |   |
| 1.            | What is your                                  | r current marital statu          | us?   |   |  |   |
|               | <ul><li>□ Married</li><li>■ Not mar</li></ul> | ried                             |   |   |  |   |
| 2.            | During the la                                 | ast 3 years, have you            | lived anywhere other than   | where you live now?                                   |  |   |
|               | ■ No □ Yes. Lis                               | t all of the places you l        | lived in the last 3 years. Do no  | ot include where you live now                         | <i>'</i> .                                 |   |
|               | Debtor 1 Pr                                   | ior Address:                     | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
|               |   |                                  | ver live with a spouse or leg<br>alifornia, Idaho, Louisiana, Ne                          |   |  |   |
|               | ■ No<br>□ Yes. Ma                             | ike sure you fill out <i>Sci</i> | hedule H: Your Codebtors (Of  | ficial Form 106H).                                    |  |   |
| Par           | Explai  | n the Sources of You             | ır Income   |   |  |   |
|               | Fill in the total                             | al amount of income yo           | mployment or from operating the received from all jobs and a have income that you receive | all businesses, including part-                       | time activities.                           | ndar years?   |
|               | □ No  |                                  |   |   |  |   |
|               | Yes. Fill                                     | in the details.                  |   |   |  |   |
|               |   |                                  | Debtor 1  |   | Debtor 2                                   |   |
|               |   |                                  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|               | last calenda<br>nuary 1 to De                 | r year:<br>ecember 31, 2016)     | ■ Wages, commissions, bonuses, tips   | \$32,583.00   | ☐ Wages, commissions, bonuses, tips        |   |
|               |   |                                  | ☐ Operating a business  |   | ☐ Operating a business                     |   |

Official Form 107

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| DC | DIOI I                         | aciiei C Sii                                 | iasteen  |  |  |                         | Oa.  | 3C Hullibel (II known)   |                              |   |
|----|--------------------------------|--|--|--|--|-------------------------|--|--|------------------------------|---|
|    |                                |  |  |  |  |                         |  |  |                              |   |
|    |                                |  |  | Debtor 1                                     |  |                         |  | Debtor 2   |                              |   |
|    |                                |  |  |  | of income  | Gros                    | s income   | Sources of inc   | ome                          | Gross income  |
|    |                                |  |  |  | that apply.  | (befo                   | ore deductions and usions)                               | Check all that a   |                              | (before deductions and exclusions)                    |
|    |                                | dar year be<br>December                      |  | ■ Wages                                      | s, commissions,<br>tips  |                         | \$26,239.00  | ☐ Wages, combonuses, tips  | nmissions,                   |   |
|    |                                |  |  | □ Opera                                      | ting a business  |                         |  | ☐ Operating a  | business                     |   |
|    |                                |  |  | — Орега                                      | ung a business   |                         |  |  |                              |   |
| 5. | Include in and other winnings. | come regard<br>public bene<br>If you are fil | dless of whet<br>fit payments;<br>ing a joint ca | her that inco<br>pensions; r<br>se and you l | ome is taxable. Exa<br>ental income; intel<br>have income that y | amples or<br>rest; divi |  | alimony; child supp<br>cted from lawsuits;<br>only once under Do | royalties; ar<br>ebtor 1.    | Security, unemployment, and gambling and lottery      |
|    | List each                      | source and                                   | ine gross inc                                    | ome nom ea                                   | acii source separa   | tely. Do                | not include income                                       | triat you listed in iii  | IE 4.                        |   |
|    | ■ No<br>□ Yes                  | Fill in the de                               | otoilo   |  |  |                         |  |  |                              |   |
|    | ☐ res.                         | riii iii tile de                             | etalis.  |  |  |                         |  |  |                              |   |
|    |                                |  |  | Debtor 1                                     | of income  | Gros                    | s income from  | Debtor 2<br>Sources of inc                                       | ome                          | Gross income  |
|    |                                |  |  | Describe l                                   |  | each<br>(befo           | s income from<br>source<br>are deductions and<br>asions) | Describe below   |                              | (before deductions and exclusions)                    |
| Pa | rt 3: Lis                      | t Certain Pa                                 | yments You                                       | ı Made Befo                                  | ore You Filed for  | Bankruj                 | ptcy   |  |                              |   |
|    |                                |  |  |  |  |                         |  |  |                              |   |
| ). | □ No.                          | Neither D                                    | ebtor 1 nor I                                    | Debtor 2 ha                                  | imarily consume<br>s primarily consu<br>amily, or househo        | ımer de                 | bts. Consumer deb  | ts are defined in 11   | U.S.C. § 10                  | 01(8) as "incurred by an                              |
|    |                                | During the                                   | 90 days bef                                      | ore you filed                                | for bankruptcy, di   | id you pa               | ay any creditor a tot                                    | al of \$6,425* or mo   | re?                          |   |
|    |                                | □ No.  | Go to line                                       | 7.   |  |                         |  |  |                              |   |
|    |                                | Yes  | paid that control                                | reditor. Do n<br>payments t                  | ot include paymer<br>o an attorney for t                         | nts for do<br>his bank  | omestic support obli                                     | gations, such as ch  | nild support a               | the total amount you and alimony. Also, do            |
|    | <b>-</b> v                     |  |  |  |  |                         |  | Tof after the date of  | n aujustinen                 | ι.  |
|    | ■ Yes.                         |  |  |  | e primarily consu<br>for bankruptcy, di                          |                         | ots.<br>ay any creditor a tot                            | al of \$600 or more?   | ?                            |   |
|    |                                | ■ No.  | Go to line                                       | 7.   |  |                         |  |  |                              |   |
|    |                                | □ Yes  | include pay                                      |  | omestic support o  |                         | of \$600 or more arns, such as child sup                 |  |                              | at creditor. Do not include payments to an            |
|    | Creditor                       | 's Name an                                   | d Address  |  | Dates of payme   | ent                     | Total amount paid  | Amount you still owe   | Was this                     | payment for   |
|    |                                |  |  |  |  |                         | •  |  |                              |   |
| 7. | Insiders in of which y         | nclude your i                                | relatives; any<br>fficer, directo                | / general par<br>r, person in                | rtners; relatives of control, or owner of                        | any gen<br>of 20% o     |  | erships of which you   | ou are a gene<br>ny managing | eral partner; corporation<br>gagent, including one fo |
|    | ■ No □ Yes.                    | Liot oll no:                                 | nonto to or i                                    | aaidar                                       |  |                         |  |  |                              |   |
|    |                                |  | nents to an ir                                   | isiuer.                                      | Datas  |                         | Tatal  | <b>A</b>   | D                            |   |
|    | insider's                      | Name and                                     | Address  |  | Dates of payme   | Tri                     | Total amount paid  | Amount you still owe   | Reason to                    | or this payment                                       |

Case:17-03527-jwb Doc #:1 Filed: 07/25/17 Page 32 of 48 Rachel C Shasteen Case number (if known) Debtor 1 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address** Amount you Reason for this payment Dates of payment **Total amount** paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

14. Within 2 years before you flied for bankingticy, did you give any girts of contributions with a total value of more than 3000 to any charity:

No

Official Form 107

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600
Charity's Name
Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Value

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| Deb | otor 1 Rachel C Shasteen  | Case number (if known) |  |                |   |                           |  |  |  |  |
|-----|---|------------------------|--|----------------|---|---------------------------|--|--|--|--|
|     | or gambling?  |                        |  |                |   |                           |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |                        |  |                |   |                           |  |  |  |  |
|     | Describe the property you lost and how the loss occurred  | Include                | ibe any insurance coverage for the lost the amount that insurance has paid. Lost concept the control of the con | ist pending    | Date of your loss                       | Value of property<br>lost |  |  |  |  |
| Par | t 7: List Certain Payments or Transfe   |                        |  | . ropolly.     |   |                           |  |  |  |  |
|     | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  |                        |  |                |   |                           |  |  |  |  |
|     | □ No  |                        |  |                |   |                           |  |  |  |  |
|     | Yes. Fill in the details.   |                        |  |                |   |                           |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   |                        | Description and value of any property transferred  |                | Date payment or transfer was made       | Amount of payment         |  |  |  |  |
|     | Thomas Ethan Becker<br>Attorney at Law<br>4200 W. Michigan Ave<br>Kalamazoo, MI 49007   |                        |  |                |   | \$635.00                  |  |  |  |  |
|     | Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer that  | editors o              | r to make payments to your creditor  |                | or transfer any prope                   | rty to anyone who         |  |  |  |  |
|     | No  |                        |  |                |   |                           |  |  |  |  |
|     | Yes. Fill in the details.   |                        | <b>D</b>   |                |   |                           |  |  |  |  |
|     | Person Who Was Paid<br>Address  |                        | Description and value of any property transferred  |                | Date payment<br>or transfer was<br>made | Amount of payment         |  |  |  |  |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |                        |  |                |   |                           |  |  |  |  |
|     | Yes. Fill in the details.   |                        |  |                |   |                           |  |  |  |  |
|     | Person Who Received Transfer Address  |                        | Description and value of property transferred  |                | any property or<br>s received or debts  | Date transfer was made    |  |  |  |  |
|     | Person's relationship to you  |                        |  | para in ex     | ionango                                 |                           |  |  |  |  |
|     | Within 10 years before you filed for ban beneficiary? (These are often called asset No  Yes. Fill in the details.   |                        |  | elf-settled tr | ust or similar device                   | of which you are a        |  |  |  |  |
|     | Name of trust   |                        | Description and value of the property transfer   |                | red                                     | Date Transfer was made    |  |  |  |  |
|     |   |                        |  |                |   |                           |  |  |  |  |

Debtor 1 Rachel C Shasteen

Case number (if known)

| Par  | t 8: List of Certain Financial Accounts, In  | struments, Safe Depos  | it Boxes, and Sto              | orage Unit | s   |   |  |  |  |  |  |  |  |
|--|--|--|--------------------------------|------------|---|---|--|--|--|--|--|--|--|
| 20.  | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Yes. Fill in the details.  | ☐ Yes. Fill in the details.  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number                                      | Type of account or instrument  |            | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |  |  |  |  |  |  |  |
|  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                                |            | the contents  | Do you still have it?                         |  |  |  |  |  |  |  |
| 22.  | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | ■ No   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Yes. Fill in the details.  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                                | Describe   | the contents  | Do you still have it?                         |  |  |  |  |  |  |  |
| Part 9: Identify Property You Hold or Control for Someone Else                                       |  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  |  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  |  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City,<br>Code)                  |                                |            | the property  | Value   |  |  |  |  |  |  |  |
| Par  | t 10: Give Details About Environmental Info  | ormation   |                                |            |   |   |  |  |  |  |  |  |  |
| For  | the purpose of Part 10, the following definiti   | ons apply:   |                                |            |   |   |  |  |  |  |  |  |  |
|  | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  |  |                                |            |   |   |  |  |  |  |  |  |  |
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred. |  |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |  |                                |            |   |   |  |  |  |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental u<br>Address (Number,<br>ZIP Code)                      | nit<br>Street, City, State and |            | onmental law, if you<br>it                                    | Date of notice                                |  |  |  |  |  |  |  |

Case:17-03527-jwb Doc #:1 Filed: 07/25/17 Page 35 of 48 Debtor 1 Rachel C Shasteen Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rachel C Shasteen Signature of Debtor 2 Rachel C Shasteen Signature of Debtor 1 Date July 25, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? □ No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

> \_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy

page **6** 

■ No

Official Form 107

☐ Yes. Name of Person

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Debtor 1 Rachel C Shasteen Case number (if known)

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08/12

## UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

| In re:                     |  |  | Case No.  |   |   |
|----------------------------|--|--|---|---|---|
|                            | Rachel C Sha   | asteen   | Chapter 7   |   |   |
|                            | Debtor(s   | s).  | /   |   |   |
|                            |  | ASSET I  | PROTECTION REPORT   |   |   |
|                            | Pursuant to Local Bankrup case converting to Chap referenced on <b>Schedule</b> Contracts and Unexpired <b>equity.</b> For each asset li casualty insurance: | ter 7 must file <b>D</b> (Creditors  Leases); and          | e an Asset Protection I<br>Holding Secured Clain<br>I any insurable asset | Report. List below<br>ns); or <b>Schedule (</b><br><b>in which there is</b> | any property  G (Executory  nonexempt                           |
|                            | INSURABLE ASSET (from schedules)   | IS ASSET<br>INSURED?<br>(Yes/No)                           | NAME & ADDRESS OF<br>AGENT OR<br>INSURANCE CO.                            | POLICY<br>EXPIRATION<br>DATE<br>(MM/YYYY)                                   | WILL DEBTOR<br>RENEW<br>INSURANCE ON<br>EXPIRATION?<br>(Yes/No) |
| 2009 D                     | odge Avenger 152,000 miles   | Yes  | Progressive Ins. on line  | 9/17  | Yes   |
| Living                     | Room Furniture and   |  |   |   |   |
| Furnis<br>Bed Ro<br>Furnis | oom Furniture and  |  |   |   |   |
|                            | n Furniture and Furnishings  |  |   |   |   |
| Misc H<br>Furnis           | ousehold Goods and<br>hings  |  |   |   |   |
|                            | If the debtor is self-employed Yes No No I   | erjury, that the a<br>le insurance pro<br>request that the | bove information is true an tection for any exemptible                    | nd accurate to the bes<br>interests in real or pe                           | t of my<br>rsonal   |
| Dated:                     | July 5, 2017   |  | /s/ Rachel C Sha  | steen   | Rachel C Shasteen   |
|                            |  |  |   |   | Debtor  |

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors

| Fill in this infor                  | mation to identify your                              | case:                                       |   |   |
|-------------------------------------|--|---|---|---|
| Debtor 1                            | Rachel C Shastee                                     | en  |   |   |
|                                     | First Name   | Middle Name                                 | Last Name   |   |
| Debtor 2<br>(Spouse if, filing)     | First Name   | Middle Name                                 | Last Name   |   |
| United States Pa                    | ankruntav Court for the                              | WESTERN DIST                                | RICT OF MICHIGAN  |   |
| Officed States Ba                   | ankruptcy Court for the:                             | WESTERN DISTI                               | ACT OF WICHIGAN   |   |
| Case number                         |  |   |   | <b>—</b> 0  |
| (if known)                          |  |   |   | ☐ Check if this is an amended filing  |
|                                     |  |   |   |   |
|                                     |  |   |   |   |
| Official Fo                         | rm 108   |   |   |   |
| Statemer                            | nt of Intentio                                       | n for Indiv                                 | iduals Filing Under Chap  | ter 7   |
|                                     |  |   | <u> </u>  | _   |
| If you are an indi                  | ividual filing under cha                             | pter 7, you must fil                        | l out this form if:   |   |
| creditors have                      | e claims secured by yo                               | ur property, or                             |   |   |
|                                     | sed personal property a                              |   |   |   |
|                                     |  |   | you file your bankruptcy petition or by the date e time for cause. You must also send copies to     |   |
| on the                              | -  |   |   |   |
| If two married pe                   | eople are filing together                            | r in a ioint case, bo                       | th are equally responsible for supplying correc   | t information. Both debtors must  |
|                                     | nd date the form.                                    | ,   |   |   |
| Be as complete a                    | and accurate as possib                               | le. If more space is                        | s needed, attach a separate sheet to this form. C   | On the top of any additional pages.   |
|                                     | our name and case nur                                |   |   | , and top or any additional pages,  |
| Dort 1. Liet V                      | aus Craditara Wha Hay                                | a Casurad Claima                            |   |   |
| Part 1: List Yo                     | our Creditors Who Have                               | e Secured Claims                            |   |   |
|                                     |  | art 1 of Schedule D                         | : Creditors Who Have Claims Secured by Prope  | erty (Official Form 106D), fill in the                                      |
| information be<br>Identify the cr   | elow.<br>editor and the property t                   | hat is collateral                           | What do you intend to do with the property the  | hat Did you claim the property  |
|                                     |  |   | secures a debt?   | as exempt on Schedule C?  |
|                                     |  |   |   |   |
| Creditor's E                        | LGA Credit Union                                     |   | ☐ Surrender the property.   | ■ No  |
| name:                               |  |   | ☐ Retain the property and redeem it.  | _ 140   |
| Description of                      | 2009 Dodge Aveng                                     | nor 152 000                                 | Retain the property and enter into a  | ☐ Yes   |
| property                            | miles  | Jei 132,000                                 | Reaffirmation Agreement.  |   |
| securing debt:                      |  |   | ☐ Retain the property and [explain]:  |   |
| 3                                   |  |   |   |   |
|                                     | our Unexpired Persona                                |   |   |   |
| For any unexpire in the information | ed personal property le<br>on below. Do not list rea | ase that you listed<br>al estate leases. Un | in Schedule G: Executory Contracts and Unexp<br>expired leases are leases that are still in effect; | oired Leases (Official Form 106G), fill the lease period has not yet ended. |
|                                     |  |   | the trustee does not assume it. 11 U.S.C. § 365(  |   |
| Describe your u                     | inovnired personal pro-                              | norty logges                                |   | Will the lease be assumed?  |
| Describe your u                     | inexpired personal pro                               | perty leases                                |   | will the lease be assumed?  |
| Lessor's name:                      |  |   |   | □ No  |
| Description of lea                  | ased   |   |   |   |
| Property:                           |  |   |   | ☐ Yes   |
| Lessor's name:                      |  |   |   | □ No  |
| Description of lea                  | ased   |   |   |   |
| Property:                           |  |   |   | ☐ Yes   |
| Lessor's name:                      |  |   |   | П Ма  |
| LCGGOI S HAITIE.                    |  |   |   | □ No  |
| Official Form 108                   |  | Statement of In                             | tention for Individuals Filing Under Chapter 7  | page ·  |

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| Debtor 1 Rach                         | el C Shasteen   | Case number (if known)                  |                               |
|---------------------------------------|---|---|-------------------------------|
| Description of leas                   | sed   |   |                               |
| Property:                             |   |   | ☐ Yes                         |
| Lessor's name:<br>Description of leas | and   |   | □ No                          |
| Property:                             | seu   |   | ☐ Yes                         |
| Lessor's name:                        | and   |   | □ No                          |
| Description of least<br>Property:     | seu   |   | ☐ Yes                         |
| Lessor's name:<br>Description of leas | and   |   | □ No                          |
| Property:                             | seu   |   | ☐ Yes                         |
| Lessor's name:                        |   |   | □ No                          |
| Description of least<br>Property:     | sed   |   | ☐ Yes                         |
| Part 3: Sign Be                       | elow  |   |                               |
|                                       | perjury, I declare that I have indicated my intention ubject to an unexpired lease. | about any property of my estate that se | cures a debt and any personal |
| X /s/ Rachel                          | C Shasteen  | X                                       |                               |
| Rachel C S                            |   | Signature of Debtor 2                   |                               |
| Signature of                          | Debtor 1  |   |                               |
| Date Ju                               | uly 25, 2017  | Date                                    |                               |

| Fill in                | this information to identify your case:   |  | Check<br>122A-1                |  | irected in this form and                                 | in Form                         |
|------------------------|---|--|--------------------------------|--|--|---------------------------------|
| Debte                  | Rachel C Shasteen   |  | 122A-                          | ι Supp.                                  |  |                                 |
| Debte<br>(Spous        | or 2<br>e, if filing)   |  | <b>■</b> 1                     | . There is no pres                       | umption of abuse   |                                 |
| Unite                  | d States Bankruptcy Court for the: Western District of  | Michigan   |                                | applies will be m                        | o determine if a presum<br>nade under <i>Chapter 7 N</i> |                                 |
|                        | number  |  |                                | ,  | cial Form 122A-2).                                       |                                 |
| (if knov               | n)  |  | 3                              |  | does not apply now be service but it could ap            |                                 |
|                        |   |  |                                | Check if this is a                       | n amended filing   |                                 |
| Offi                   | cial Form 122A - 1  |  |                                |  |  |                                 |
| Cha                    | apter 7 Statement of Your Cur   | rent Monthl  | y Incor                        | ne                                       |  | 12/15                           |
| attach<br>case n       | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wumber (if known). If you believe that you are exempted froing military service, complete and file Statement of Exempter Calculate Your Current Monthly Income    | hich the additional info<br>m a presumption of abu       | rmation appli<br>se because y  | es. On the top of ar                     | ny additional pages, write<br>narily consumer debts or   | e your name and<br>r because of |
| 1.                     | What is your marital and filing status? Check one or  | nly.   |                                |  |  |                                 |
|                        | Not married. Fill out Column A, lines 2-11.   |  |                                |  |  |                                 |
|                        | ☐ Married and your spouse is filing with you. Fill o  | ut both Columns A and                                    | B, lines 2-1                   | 1.                                       |  |                                 |
|                        | ☐ Married and your spouse is NOT filing with you.   | You and your spouse                                      | e are:                         |  |  |                                 |
|                        | ☐ Living in the same household and are not lega   | Illy separated. Fill out                                 | both Colum                     | ns A and B, lines 2                      | 2-11.  |                                 |
|                        | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading  | egally separated under                                   | r nonbankrup                   | otcy law that applie                     | es or that you and your                                  |                                 |
| 10 <sup>-</sup><br>the | in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total cuses own the same rental property, put the income from that p                                   | onth period would be Mai<br>by 6. Fill in the result. Do | rch 1 through Annot include ar | August 31. If the amony income amount me | ount of your monthly incomore than once. For example     | e varied during<br>e, if both   |
|                        |   |  |                                | lumn A<br>btor 1                         | Column B Debtor 2 or non-filing spouse                   |                                 |
|                        | Your gross wages, salary, tips, bonuses, overtime, payroll deductions).   | and commissions (be                                      | efore all \$_                  | 3,105.00                                 | \$   |                                 |
|                        | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payments from a spou                                     | use if<br>\$_                  | 0.00                                     | \$   |                                 |
|                        | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3. | Include regular contri<br>d, your dependents, pa         | butions<br>rents,              | 0.00                                     | \$   |                                 |
|                        | Net income from operating a business, profession,   | or farm  | _                              |  |  |                                 |
|                        |   | Debtor 1   |                                |  |  |                                 |
|                        | Gross receipts (before all deductions)  | \$ 0.00  |                                |  |  |                                 |
|                        | Ordinary and necessary operating expenses   | -\$ 0.00   |                                | 0.00                                     | Ф  |                                 |
|                        | Net monthly income from a business, profession, or far  | m \$0.00 Copy  | nere -> \$ _                   | 0.00                                     | \$   |                                 |
| 6.                     | Net income from rental and other real property  | Debtor 1   |                                |  |  |                                 |
|                        | Gross receipts (hefore all deductions)  | \$ 0.00  |                                |  |  |                                 |
|                        | Gross receipts (before all deductions) Ordinary and necessary operating expenses  | -\$ 0.00   |                                |  |  |                                 |
|                        | Net monthly income from rental or other real property   | \$ 0.00 Copy   | here -> \$                     | 0.00                                     | \$   |                                 |
|                        | Intercet dividends and revalties  | Ψ  | * _<br>\$                      | 0.00                                     | \$   |                                 |

Official Form 122A-1

7. Interest, dividends, and royalties

| 8. Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you  For your spouse  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Social Security Act or payments received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Total amounts from acceptate accept if any separate page and put the social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  Social Security Act.  |           |
|--|-----------|
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$  \$ 0.00 \$  \$ 0.00 \$   |           |
| the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$ 9.  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ 0.00 \$  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$  \$ 0.00 \$  \$ 0.00 \$   |           |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$   |           |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$   |           |
| benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount.  Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$ \$ \$ |           |
| Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ \$ 0.00 \$  |           |
| \$ 0.00 \$   |           |
|  |           |
|  |           |
| Total amounts from separate pages, if any.  + \$ \$ \$   |           |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$ 3,105.00   | 05.00     |
| Total currer income  | t monthly |
| Part 2: Determine Whether the Means Test Applies to You  |           |
| 12. Calculate your current monthly income for the year. Follow these steps:  |           |
|  | 05.00     |
| 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 3,1  | 05.00     |
| Multiply by 12 (the number of months in a year)  |           |
| 12b. The result is your annual income for this part of the form  | 60.00     |
| 13. Calculate the median family income that applies to you. Follow these steps:  |           |
| Fill in the state in which you live.   |           |
| Fill in the number of people in your household.  |           |
| , , , , , , , , , , , , , , , , , , ,  | 00.88     |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.   |           |
| 14. How do the lines compare?  |           |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i>  |           |
| Go to Part 3.  14b.  Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-</i>   | 2.        |
| Go to Part 3 and fill out Form 122A-2.  Part 3: Sign Below   |           |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct  | <br>t.    |
|  |           |
| X /s/ Rachel C Shasteen Rachel C Shasteen  |           |
| Signature of Debtor 1  |           |
| Date July 25, 2017   |           |
| MM / DD / YYYY  If you checked line 14a, do NOT fill out or file Form 122A-2.  |           |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:17-03527-jwb Doc #:1 Filed: 07/25/17 Page 46 of 48

### United States Bankruptcy Court Western District of Michigan

|      |                                  | 9   |                     |                       |
|------|----------------------------------|---|---------------------|-----------------------|
| re   | Rachel C Shasteen                |   | Case No.            |                       |
|      |                                  | Debtor(s)                                       | Chapter             | 7                     |
|      | VER                              | IFICATION OF CREDITOR                           | MATRIX              |                       |
|      | ,                                |   |                     |                       |
|      |                                  |   |                     |                       |
| ab   | ove-named Debtor hereby verifies | that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
|      |                                  |   |                     |                       |
| ate: | July 25, 2017                    | /s/ Rachel C Shasteen                           |                     |                       |
|      |                                  | Rachel C Shasteen                               |                     |                       |
|      |                                  |   |                     |                       |

ADVANCED CALL CENTER TCCH PO BOX 9091 JOHNSON CITY TN 37615-9091

CAPITAL ONE BANK PO BOX 6492 CAROL STREAM IL 60197-6492

ELGA CREDIT UNION 2305 S. CENTER ROAD BURTON MI 48519

ELGA CREDIT UNION 2305 S. CENTER ROAD BURTON MI 48519

ELGA CREDIT UNION (VISA) 2305 S. CENTER ROAD BURTON MI 48519

FAMILY FITNESS ALPINE 1040 4 MILE ROAD NORTHWEST GRAND RAPIDS MI 49544

JC PENNEY
P BOX 960090
ORLANDO FL 32896-0090

KOHLS PO BOX 2983 MILWAUKEE WI 53201-2983

MACY'S
RECOVERY/COMPLIANCE DEPARTMENT
PO BOX 8053
MASON OH 45040-8909

PRIORITY HEALTH
1231 EAST BELTLINE NE
COMSTOCK PARK MI 49321-8639

SYNCHRONY BANK/JCP PO BOX 960090 ORLANDO FL 32896 VICTORIA SECRETS PO BOX 659728 SAN ANTONIO TX 78265

VISA CUSTOMER SERVICE PO BOX 30495 TAMPA FL 33630

VISA PO BOX 4521 CAROL STREAM IL 60197-4521

WOMENS SPECIALTY ASSOCIATES PC 3434 REGENCY PARK DRIVE SUITE A GRAND BLANC MI 48439-2565